Form **1040** Department of the Treasury - Internal Revenue Service (99)

U.S. Individual Income Tax Return **2018** OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

Filing status: [ ] Single [X] Married filing jointly [ ] Married filing separately [ ] Head of household [ ] Qualifying widow(er)

Your first name and initial	Last name	Your social security number
ANTHONY D.	TRIMINO	[redacted]

Your standard deduction: [ ] Someone can claim you as a dependent [ ] You were born before January 2, 1954 [ ] You are blind

If joint return, spouse's first name and initial	Last name	Spouse's social security number
JENNIFER T.	TRIMINO	[redacted]

Spouse standard deduction: [ ] Spouse is blind [ ] Someone can claim your spouse as a dependent [ ] Spouse was born before January 2, 1954 [ ] Spouse itemizes on a separate return or you were dual-status alien

[X] Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

Presidential Election Campaign (see inst.) [ ] You [ ] Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. [redacted]

If more than four dependents, see inst. and ✓ here ▶ [ ]

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
[redacted]	[redacted]	SON		[X]
		SON		[X]
		SON	[X]	
		DAUGHTER	[X]	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here
▶		GENERAL MANAGER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		OFFICE MANAGER	

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
PHILIP D. LONDON, CPA		P00185313	95-4511581	[ ] 3rd Party Designee [ ] Self-employed

Firm's name ▶LONDON & CO., AN ACCOUNTANCY CORPORATION Phone no. (310)478-5151

Firm's address ▶12100 WILSHIRE BLVD. SUITE 1540 LOS ANGELES, CA 90025

LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.**

Form **1040** (2018)

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	1	Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 1		1	1,164,500.
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest 2a	b Taxable interest	2b	5,876.
	3a	Qualified dividends 3a	b Ordinary dividends	3b	
	4a	IRAs, pensions, and annuities 4a	b Taxable amount	4b	
	5a	Social security benefits 5a	b Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 271,911.		6	1,442,287.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	1,422,079.
Standard Deduction for - ● Single or married filing separately, $12,000	8	**Standard deduction or itemized deductions** (from Schedule A)		8	104,242.
	9	Qualified business income deduction (see instructions)		9	38,449.
● Married filing jointly or Qualifying widow(er), $24,000	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	1,279,388.
● Head of household, $18,000	11	a Tax (see inst) 412,753. (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐)		11	412,753.
		b **Add** any amount from Schedule 2 and check here ▶ ☒		12	
● If you checked any box under Standard deduction, see instructions.	12	a Child tax credit/credit for other dependents b **Add** any amount from Sch. 3 and check here ▶ ☐		13	412,753.
	13	Subtract line 12 from line 11. If zero or less, enter -0-		14	8,564.
	14	Other taxes. Attach Schedule 4		15	421,317.
	15	Total tax. Add lines 13 and 14		16	421,422.
	16	Federal income tax withheld from Forms W-2 and 1099 SEE STATEMENT 2			
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863		17	93.
		Add any amount from Schedule 5 93.		18	421,515.
	18	Add lines 16 and 17. These are your total payments		19	198.
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**		20a	198.
	20a	Amount of line 19 you want **refunded to you**. If Form 8888 is attached, check here ▶ ☐			
Direct deposit? See instructions.	b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings			
	d	Account number [redacted]			
	21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶ 21			
Amount You Owe	22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶		22	
	23	Estimated tax penalty (see instructions) ▶ 23			

Go to *www.irs.gov/Form1040* for instructions and the latest information.

SCHEDULE 1 (Form 1040)
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2018
Attachment Sequence No. 01

Name(s) shown on Form 1040: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Additional Income	1-9b	Reserved STATEMENT 3		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes STATEMENT 4		10	13,684.
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
	14	Other gains or (losses). Attach Form 4797		14	-4,232.
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	262,459.
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
	21	Other income. List type and amount ▶		21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	271,911.
Adjustments to Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29	20,208.	
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶	31a		
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Tuition and fees. Attach Form 8917	34		
	35	Reserved	35		
	36	Add lines 23 through 35		36	20,208.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

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SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Tax

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 02

Name(s) shown on Form 1040: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Tax	38-44	Reserved	38-44	
	45	Alternative minimum tax. Attach Form 6251	45	0.
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47	0.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule 2 (Form 1040) 2018

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SCHEDULE 4 (Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 04

Name(s) shown on Form 1040: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from: Form a ☐ 4137 b ☐ 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60 a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a ☒ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	8,564.
	63	Section 965 net tax liability installment from Form 965-A 63		
	64	Add the amounts in the far right column. These are your **total other taxes.** Enter here and on Form 1040, line 14	64	8,564.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule 4 (Form 1040) 2018

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SCHEDULE 5 (Form 1040)

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 05

Name(s) shown on Form 1040: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	
	67 a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld STMT 6	72	93.
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐	74	
	75	Add the amounts in the far right column. These are your total **other payments and refundable credits.** Enter here and include on Form 1040, line 17	75	93.

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule 5 (Form 1040) 2018

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SCHEDULE 6 (Form 1040)

Department of the Treasury
Internal Revenue Service

Foreign Address and Third Party Designee

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. **05A**

Name(s) shown on Form 1040: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Foreign Address	Foreign country name	Foreign province/county	Foreign postal code

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No**

Designee's name ▶ PHILIP LONDON

Phone no. ▶ [redacted]

Personal identification number (PIN) ▶ [redacted]

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule 6 (Form 1040) 2018

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SCHEDULE A (Form 1040)
(Rev. January 2020)
Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.
▶ Attach to Form 1040.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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2018
Attachment Sequence No. **07**

Name(s) shown on Form 1040: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions) SEE STATEMENT 10	1	5,013.	
	2	Enter amount from Form 1040, line 7 2 1,422,079.			
	3	Multiply line 2 by 7.5% (0.075)	3	106,656.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4 0.
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box SEE STATEMENT 7 ▶ ☐	5a	144,315.	
	b	State and local real estate taxes (see instructions)	5b	41,662.	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	185,977.	
	e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	10,000.	
	6	Other taxes. List type and amount ▶	6		
	7	Add lines 5e and 6			7 10,000.
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐			
Caution: Your mortgage interest deduction may be limited (see instructions).	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	28,243.	
	b	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Mortgage insurance premiums (see instructions)	8d		
	e	Add lines 8a through 8d	8e	28,243.	
	9	Investment interest. Attach Form 4952 if required. See instructions SEE STATEMENT 9	9	614.	
	10	Add lines 8e and 9			10 28,857.
Gifts to Charity	11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	65,385.	STMT 8
If you made a gift and got a benefit for it, see instructions.	12	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12		
	13	Carryover from prior year	13		
	14	Add lines 11 through 13			14 65,385.
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15
Other Itemized Deductions	16	Other - from list in instructions. List type and amount ▶			16
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8			17 104,242.
	18	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐			

LHA 819501 01-28-20 **For Paperwork Reduction Act Notice, see the Instructions for Form 1040.** **Schedule A (Form 1040) 2018**

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.

▶ Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment Sequence No. **08**

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Part I Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶

	Amount
WELLS FARGO BANK	
WELLS FARGO BANK	4,706.
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO	976.
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO	192.
	2.

1

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 ..... 2 — 5,876.

3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ..... ▶ 4 — 5,876.

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

5 List name of payer ▶ — Amount

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ..... ▶ 6

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ..... ▶		
8	During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

827501 10-24-18

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule B (Form 1040) 2018

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

ANTHONY D. & JENNIFER T. TRIMINO

[redacted]

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II **Income or Loss From Partnerships and S Corporations** - **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ..... [X] Yes [ ] No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	SEE STATEMENT 11					
B						
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach **Form 8582** if required)	(h) Passive income from **Schedule K-1**	(i) Nonpassive loss from **Schedule K-1**	(j) Section 179 expense deduction from **Form 4562**	(k) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					285,315.
29a Totals					
b Totals			22,856.		

30	Add columns (h) and (k) of line 29a	30	285,315.
31	Add columns (g), (i), and (j) of line 29b	31	(22,856.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	262,459.

Part III **Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV **Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q**, line 2c (see instructions)	(d) Taxable income (net loss) from **Schedules Q**, line 1b	(e) Income from **Schedules Q**, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39

Part V **Summary** * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

40	Net farm rental income or (loss) from **Form 4835**. Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18 ▶	41	262,459.
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

SCHEDULE E 2018

Name ANTHONY D. TRIMINO

Passthrough AJ INVESTMENTS - AJ INVESTMENTS **ID** [redacted] **SSN/EIN** [redacted]

PARTNERSHIP TAXPAYER

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-64,859.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-64,859.						64,859.	
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-64,859.						64,859.	
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

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INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name ANTHONY D. TRIMINO

Passthrough AJ INVESTMENTS - AJ INVESTMENTS

ID [redacted]

SSN/EIN [redacted] TAXPAYER

PARTNERSHIP

OTHER PASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	-64,859.							-64,859.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

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INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name JENNIFER T. TRIMINO

Passthrough AJ INVESTMENTS - AJ INVESTMENTS ID [redacted]

SSN/EIN [redacted]

PARTNERSHIP

SPOUSE

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)								
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

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INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name JENNIFER T. TRIMINO

SSN/EIN [redacted]

Passthrough AJ INVESTMENTS - AJ INVESTMENTS

ID [redacted]

SPOUSE

PARTNERSHIP

OTHER PASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

821552 04-01-18

SCHEDULE E — **INCOME FROM PASSTHROUGH STATEMENT, PAGE 1** — **2018**

Name ANTHONY D. TRIMINO

Passthrough TRAFFIK, LLC C/O LONDON & CO - TRAFFIK, LLC **ID** [redacted]

S CORPORATION

SSN/EIN [redacted] TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	282,462.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	282,462.							282,462.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	282,462.							282,462.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	63,362.							63,362.
Deductions related to portfolio income								
Other								

821551 04-01-18

SCHEDULE E

Name ANTHONY D. TRIMINO

Passthrough TRAFFIK, LLC C/O LONDON & CO - TRAFFIK, LLC **ID** [redacted]

S CORPORATION

SSN/EIN [redacted] TAXPAYER

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	192.							192.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	5,049.							5,049.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	906,500.							906,500.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	10,104.							10,104.
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name JENNIFER T. TRIMINO

Passthrough TRAFFIK, LLC C/O LONDON & CO TRAFFIK, LLC **ID** [redacted]

S CORPORATION

SSN/EIN [redacted]

SPOUSE

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	2,853.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	2,853.							
First passive other								2,853.
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	2,853.							2,853.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	640.							640.
Deductions related to portfolio income								
Other								

821551 04-01-18

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name JENNIFER T. TRIMINO

SSN/EIN [redacted]

SPOUSE

Passthrough TRAFFIK, LLC C/O LONDON & CO - TRAFFIK, LLC

ID [redacted]

S CORPORATION

NONPASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	2.							2.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	51.							51.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages	275,000.							275,000.
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040	10,104.							10,104.
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

821552 04-01-18

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name ANTHONY D. TRIMINO

Passthrough TAPD, LLC **ID** [redacted]

SSN/EIN [redacted] TAXPAYER

S CORPORATION

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-6,693.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-6,693.					16,163.		-22,856.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-6,693.					16,163.		-22,856.
FORM 4797								
Section 1231 gain (loss)	-4,232.							-4,232.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

821551 04-01-18

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name ANTHONY D. TRIMINO

SSN/EIN [redacted]

Passthrough TAPD, LLC

ID [redacted]

TAXPAYER

S CORPORATION

OTHER PASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	303.							303.
Adjusted gain or loss	-1,729.							-1,729.
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

821552 04-01-18

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2018

SCHEDULE E

Name ANTHONY D. TRIMINO

Passthrough PRIORITY DEBT RELIEF, INC. **ID** [redacted]

SSN/EIN [redacted] TAXPAYER

S CORPORATION

OTHER PASSIVE

	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	-8,005.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-8,005.						8,005.	
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-8,005.						8,005.	
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

821551 04-01-18

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2018

SCHEDULE E

Name ANTHONY D. TRIMINO

Passthrough PRIORITY DEBT RELIEF, INC. ID [redacted]

SSN/EIN [redacted] TAXPAYER

S CORPORATION

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

821552 04-01-18

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2018

Attachment Sequence No. **27**

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Identifying number: [redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 — 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
*TAPD, LLC						-4,232.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	-4,232.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years. See instructions STATEMENT 12	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(4,232)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-4,232.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b	-4,232.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4797** (2018)

* ENTIRE DISPOSITION OF ACTIVITY

818011 12-10-18

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation. See instructions	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Go to www.irs.gov/Form4952 for the latest information.
▶ Attach to your tax return.

OMB No. 1545-0191

2018

Attachment Sequence No. **51**

Name(s) shown on return

ANTHONY D. & JENNIFER T. TRIMINO

Identifying number [redacted]

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2018 (see instructions) SEE STATEMENT 16	1	614.
2	Disallowed investment interest expense from 2017 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	614.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 17	4a	5,876.		
b	Qualified dividends included on line 4a	4b			
c	Subtract line 4b from line 4a			4c	5,876.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	5,876.
5	Investment expenses (see instructions)			5	
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	5,876.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2019. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or 6. See instructions STMT 18	8	614.

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

Form **4952** (2018)

818901 11-15-18

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment Sequence No. 71

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number: [redacted]

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	1,201,500.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	1,201,500.	
5	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-			6 951,500.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II			7 8,564.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-			12
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III			13

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-			16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV			17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V	18	8,564.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	24,623.		
20	Enter the amount from line 1	20	1,201,500.		
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	17,422.		
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages			22	7,201.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)			23	
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)			24	7,201.

823111 11-30-18 LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8959** (2018)

Form **8960**

Department of the Treasury
Internal Revenue Service (99)

Net Investment Income Tax - Individuals, Estates, and Trusts

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2018

Attachment Sequence No. 72

Name(s) shown on your tax return: ANTHONY D. & JENNIFER T. TRIMINO

Your social security number or EIN: [redacted]

Part I Investment Income

☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	5,876.
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	262,459.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) STATEMENT 20	4b	-285,315.		
c	Combine lines 4a and 4b			4c	-22,856.
5a	Net gain or loss from disposition of property (see instructions)	5a	-4,232.		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	-4,232.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	-21,212.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	614.		
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	614.
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	614.

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-			12	
	Individuals:				
13	Modified adjusted gross income (see instructions)	13	1,422,079.		
14	Threshold based on filing status (see instructions)	14	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,172,079.		
16	Enter the smaller of line 12 or line 15			16	
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

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Form **8960** (2018)

823121 01-09-19

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2018

Attachment Sequence No. **88**

Name(s) shown on return: ANTHONY D. & JENNIFER T. TRIMINO

Identifying number: [redacted]

Part I 2018 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	( )	
c	Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )	
d	Combine lines 1a, 1b, and 1c			1d

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )	
c	Add lines 2a and 2b			2c ( )

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(72,864)	
c	Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )	
d	Combine lines 3a, 3b, and 3c			3d -72,864.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used ..... 4 -72,864.

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5	Enter the **smaller** of the loss on line 1d or the loss on line 4			5
6	Enter $150,000. If married filing separately, see instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7		
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			9
10	Enter the **smaller** of line 5 or line 9			10

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2018.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return SEE STATEMENT 24	16	0.

LHA 819761 01-09-19 **For Paperwork Reduction Act Notice, see instructions.**

Form **8582** (2018)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶		-72,864.			

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 5			
Total ▶		72,864.	1.000000000	72,864.

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
	SEE ATTACHED	STATEMENT FOR	WORKSHEET	6
Total ▶		72,864.	72,864.	

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total ▶					

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
DIGERATI MEDIA STUDIO LLC	906,500.	413,100.	142,000.	1,150.	7,961.	19,938.
DIGERATI MEDIA STUDIO LLC	256,500.			1,150.	79,612.	4,663.
CAPISTRANO VALLEY CHRISTIAN SCHOOLS, INC.	1,500.			15.	93.	22.
TOTALS	1,164,500.	413,100.	142,000.	2,315.	87,666.	24,623.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 2

DESCRIPTION	AMOUNT
DIGERATI MEDIA STUDIO LLC	413,100.
WELLS FARGO BANK	1,121.
FORM 8959, LINE 24	7,201.
TOTAL TO FORM 1040, LINE 16	421,422.

SCHEDULE 1 STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 3

	2017	2016	2015
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	13,684.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	13,684.		
TOTAL NET TAX REFUNDS	13,684.		

SCHEDULE 1 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 4

		2017	2016	2015
	NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	13,684.		
	LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
	NET REFUNDS FOR RECALCULATION	13,684.		
	TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	512,228.		
	DEDUCTION NOT SUBJ TO PHASEOUT			
	NET REFUNDS FROM LINE 1	13,684.		
	LINE 2 MINUS LINES 3 AND 4	498,544.		
	MULT LN 5 BY APPL SEC. 68 PCT	398,835.		
	PRIOR YEAR AGI	2,949,506.		
	ITEM. DED. PHASEOUT THRESHOLD	313,800.		
	SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	2,635,706.		
.0	MULT LN 9 BY APPL SEC. 68 PCT	79,071.		
.1	ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	419,473.		
.2	ITEM DED. NOT SUBJ TO PHASEOUT			
.3A	TOTAL ADJ. ITEMIZED DEDUCTIONS	419,473.		
.3B	PRIOR YR. STD. DED. AVAILABLE	12,700.		
.4	PRIOR YR. ALLOWABLE ITEM. DED.	433,157.		
.5	SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	13,684.		
.6	TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	13,684.		
.7	ALLOWABLE PRIOR YR. ITEM. DED.	433,157.		
.8	PRIOR YEAR STD. DED. AVAILABLE	12,700.		
.9	SUBTRACT LINE 18 FROM LINE 17	420,457.		
0	LESSER OF LINE 16 OR LINE 19	13,684.		
1	PRIOR YEAR TAXABLE INCOME	2,516,349.		
2	AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21			13,684.
	STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2015			
	TOTAL TO SCHEDULE 1, LINE 10			13,684.

SCHEDULE 1 SELF-EMPLOYED HEALTH INSURANCE DEDUCTION WORKSHEET STATEMENT 5

ANTHONY D. TRIMINO

TRAFFIK, LLC C/O LONDON & CO

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS		10,104.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED		906,500.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9		
4	DIVIDE LINE 2 BY LINE 3		
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX		
6	LINE 4 TIMES LINE 5		
7	LINE 2 MINUS LINE 6		
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE		
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED		906,500.
.0	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE		
.1	LINE 9 MINUS LINE 10		906,500.
.2	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11		10,104.

JENNIFER T. TRIMINO

TRAFFIK, LLC C/O LONDON & CO

1	NONSPECIFIED HEALTH INSURANCE PAYMENTS	10,104.
2	NET PROFIT FROM TRADE OR BUSINESS UNDER WHICH INSURANCE PLAN IS ESTABLISHED	275,000.
3	TOTAL OF ALL NET PROFITS AND EARNED INCOME. S CORPORATIONS SKIP TO LINE 9	
4	DIVIDE LINE 2 BY LINE 3	
5	DEDUCTIBLE PORTION OF SELF-EMPLOYMENT TAX	
6	LINE 4 TIMES LINE 5	
7	LINE 2 MINUS LINE 6	
8	SELF-EMPLOYED SEP, SIMPLE, AND QUALIFIED PLANS ATTRIBUTABLE TO TRADE OR BUSINESS NAMED ABOVE	
9	LINE 7 MINUS LINE 8. S CORPORATIONS ENTER WAGES RECEIVED	275,000.
.0	FORM 2555, LINE 45 ATTRIBUTABLE TO THE TRADE OR BUSINESS NAMED ABOVE	0.
.1	LINE 9 MINUS LINE 10	275,000.
.2	SELF-EMPLOYED HEALTH INSURANCE DEDUCTION. LESSER OF LINE 1 OR LINE 11	10,104.

SCHEDULE 5 — EXCESS SOCIAL SECURITY TAX WORKSHEET — STATEMENT 6

	TAXPAYER	SPOUSE
1. ADD ALL SOCIAL SECURITY TAX WITHHELD BUT NOT MORE THAN $7,960.80 FOR EACH EMPLOYER (THIS TAX SHOULD BE SHOWN IN BOX 4 OF YOUR W-2 FORMS). ENTER THE TOTAL HERE	7,961.	8,054.
2. ENTER ANY UNCOLLECTED SOCIAL SECURITY TAX ON TIPS OR GROUP-TERM LIFE INSURANCE INCLUDED IN THE TOTAL ON SCHEDULE 4, LINE 62		
3. ADD LINES 1 AND 2	7,961.	8,054.
4. SOCIAL SECURITY TAX LIMIT	7,961.	7,961.
5. SUBTRACT LINE 4 FROM LINE 3. EXCESS SOCIAL SECURITY TAX INCLUDED IN SCHEDULE 5, LINE 72.	0.	93.

SCHEDULE A — STATE AND LOCAL INCOME TAXES — STATEMENT 7

DESCRIPTION	AMOUNT
DIGERATI MEDIA STUDIO LLC	142,000.
STATE DISABILITY INSURANCE - DIGERATI MEDIA STUDIO LLC	1,150.
STATE DISABILITY INSURANCE - DIGERATI MEDIA STUDIO LLC	1,150.
STATE DISABILITY INSURANCE - CAPISTRANO VALLEY CHRISTIAN SCHOOLS, INC.	15.
TOTAL TO SCHEDULE A, LINE 5A	144,315.

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 8

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 60% LIMIT	AMOUNT 30% LIMIT
COTTONWOOD CHURCH		1,383.	
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO		63,362.	
FROM K-1 - TRAFFIK, LLC C/O LONDON & CO		640.	
SUBTOTALS		65,385.	
TOTAL TO SCHEDULE A, LINE 11			65,385.

SCHEDULE A	INVESTMENT INTEREST	STATEMENT 9

DESCRIPTION	AMOUNT
SANTANDER	614.
TOTAL TO SCHEDULE A, LINE 9	614.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT 10

DESCRIPTION	AMOUNT
[redacted]	5,013.
TOTAL TO SCHEDULE A, LINE 1	5,013.

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 11

NAME

EMP ID NO.

CODE	X IF FRN	BASIS COMP REQ	ANY NOT AT RISK	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
AJ INVESTMENTS 35-2402397 P				0.				
AJ INVESTMENTS 35-2402397 P				0.				
TRAFFIK, LLC C/O LONDON & CO 32-0045529 S								282,462.
TRAFFIK, LLC C/O LONDON & CO 32-0045529 S								2,853.
TAPD, LLC 37-1829365 S			*			6,693.		
PRIOR YEAR PAL 37-1829365 S			*			16,163.		
PRIORITY DEBT RELIEF, INC. 32-3825092 S				0.				
TOTALS TO SCH. E, LN. 29				0.		22,856.		285,315.

* ENTIRE DISPOSITION OF PASSIVE ACTIVITY

FORM 4797 NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS STATEMENT 12

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2013			
2014			
2015			
2016	144,047.		144,047.
2017			
TOTAL TO FORM 4797, LINE 8	144,047.		144,047.

'ORM 4952 INVESTMENT INTEREST EXPENSE STATEMENT 16

)ESCRIPTION	CURRENT	CARRYOVER
;ANTANDER	614.	
'OTALS TO FORM 4952, LINES 1 AND 2	614.	

'ORM 4952 INCOME FROM PROPERTY HELD FOR INVESTMENT STATEMENT 17

)ESCRIPTION	AMOUNT
:NTEREST INCOME	5,876.
'OTAL TO FORM 4952, LINE 4A	5,876.

'ORM 4952 INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY STATEMENT 18

NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
SANTANDER	SCH A	614.	0.	0.	614.
TOTALS		614.	0.	0.	614.

'ORM 4952AMT INVESTMENT INTEREST EXPENSE STATEMENT 19

)ESCRIPTION	CURRENT	CARRYOVER
;ANTANDER	614.	
'OTALS TO FORM 4952AMT, LINES 1 AND 2	614.	

FORM 8960	TRADE OR BUSINESS INCOME	STATEMENT 20

TRAFFIK, LLC	-282,462.
TRAFFIK, LLC	-2,853.
AMOUNT TO FORM 8960, LINE 4B	-285,315.

FORM 8582	OTHER PASSIVE ACTIVITIES - WORKSHEET 3	STATEMENT 21

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
AJ INVESTMENTS	0.	-64,859.			-64,859.
PRIORITY DEBT RELIEF, INC.	0.	-8,005.			-8,005.
TOTALS	0.	-72,864.			-72,864.

FORM 8582	ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5	STATEMENT 22

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
AJ INVESTMENTS	SCH E	64,859.	.890137791	64,859.
PRIORITY DEBT RELIEF, INC.	SCH E	8,005.	.109862209	8,005.
TOTALS		72,864.	1.000000000	72,864.

FORM 8582	ALLOWED LOSSES - WORKSHEET 6	STATEMENT 23

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	UNALLOWED LOSS	ALLOWED LOSS
AJ INVESTMENTS	SCH E	64,859.	64,859.	
PRIORITY DEBT RELIEF, INC.	SCH E	8,005.	8,005.	
TOTALS		72,864.	72,864.	

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 24

NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
AJ INVESTMENTS	SCH E	-64,859.		-64,859.	64,859.	
PRIORITY DEBT RELIEF, INC.	SCH E	-8,005.		-8,005.	8,005.	
TOTALS		-72,864.		-72,864.	72,864.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL TO FORM 8582, LINE 16						